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(Depositor's name) (Summale (Date

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 09/728 701 12/01/2000 Mark Muhlestein 5693P272 4870

TITLE OF INVENTION: DECENTRALIZED APPLIANCE VIRUS SCANNING

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$0	\$1400	11/20/2007	
EXAMINER ART UNIT		CLASS-SUBCLASS					
ABRISHAMKAR, KAVEH		2131	726-024000	•			
Change of correspondence address or indication of "Fee Address" (37 Fex 1.53). Change of correspondence address (or Change of Correspondence Address form PTO/SB 12.2 attached. 20 Fee Address" indication (or "Fee Address" Indication form PTO/SB 47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered automey or agent) and the names of up to 2 registered patent atomeys or agents. If no name is listed, no name will be printed.		Taylor &	Blakely Sokoloff Taylor & Zafman LLP	

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Network Appliance, Inc.

Sunnvvale, CA

Please check the appropriate assignee category or categories (will not b	e printed on the patent): 🔲 Individual 🕱 Corporation or other private group entity 🚨 Government
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies 1	4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by redict and. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fcois), any deficiency, or credit any overpayment, to Deposit Account Number 20.2—2666. (enclose an extra copy of this form)
5. Change in Entity Status (from status indicated above)	The Application County District County District

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature Date September 28, 2007 Typed or printed name Jordan M. Becker

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